


CHAPTER 3 ADDENDUM D

BUSINESS RULES

BUSINESS RULES LEGEND	
SHEET	BUSINESS EVENT
A	Eligibility for Enrollment Inquiry
B	Enrollment Into Health Benefit Program
B (cont.)	Enrollment Into Health Benefit Program (CHCBP)
C	Disenrollment
D	Modification of Enrollment (PCM Change)/PCM Panel Reassignment
E	Modification of Enrollment (PCM Cancellation and Transfer Cancellation)
F	Modification of Enrollment (Transfer)
G	Modification of Enrollment (Enrollment Period Change)
H	Modification of Enrollment (Enrollment End Reason Code Change)
I	Modification of Enrollment (Enrollment/Disenrollment Cancellation)
J	Online Enrollment Fee Payment
K	Enrollment Fee Waiver Information Update for an Individual
L	Beneficiary Update

Within each sheet (DOES business events):

	Indicates fields that the user will NOT enter in DOES.
* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; UP=USFHP Provider; CV=Civilian; DP=Designated Provider; RS=Resources Sharing	
** Enforced By: M=MCSC/USFHP Provider; D=DEERS	

Note: If an MCSC/USFHP provider has the need to modify an enrollment outside of the allowable modification period (as stated in the business rules for each event), the MCSC/USFHP **P**rovider must contact the DEERS Support Office (DSO) to make the change.

Each worksheet represents a DEERS Medical business event. The business rules begin with a listing of general rules that apply to all programs and plans. Following the generalized rules, the programs or coverage plans for which the business event applies are listed. Each data attribute included in the business event is then listed by program or coverage plan with the specific rules including data usage, system edits, entity responsible for enforcing the business rule, and error message returned if the business rule is not met (if applicable).

DMDC reserves the right to modify these business rules at any time based on new requirements or further developments of existing requirements.

BUSINESS RULES: A. ELIGIBILITY FOR ENROLLMENT INQUIRY

EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
		This inquiry is used for eligibility for enrollment only.	
		Eligibility inquiries are made for a family.	
		Eligibility for Enrollment inquiries will show the current health care program information for the inquiry date.	
		If an enrollment exists in the last 12 months, enrollment information will be returned in the Eligibility for Enrollment Inquiry response.	
		PCM information (if applicable) will only be displayed for the past 12 months.	
		If the beneficiary is eligible to enroll in other coverage plans for the HCDP requested, DEERS will return all appropriate coverage plans and dates of eligibility.	
		Parent and Parent-in-Laws are no longer eligible to enroll in TRICARE. However, if they are already enrolled, their enrollments can be modified but the PCM selection MUST remain within the USFHP provider network.	
		Foreign military are not eligible to enroll in any TRICARE program.	
ELIGIBILITY FOR ENROLLMENT INQUIRY			
1. Person/Family Transaction Type Code	R	Family	D
2. Inquiry Person Type Code	R	Identifies whose ID is being submitted, sponsor or family member. DOES defaults to sponsor; if ID is not found as sponsor, DEERS will look for the ID as a family member.	D
3. Inquiry Person Identifier	R		D
4. Inquiry Person Identifier Type Code	R	Acceptable values are SSN, TIN, and FIN. DOES defaults to SSN, but user may change.	D
5. HCDP Type Code	R	Specifies if the inquiry is for Medical or Dental programs. DOES defaults to the HCDP Type Code for which the user has enrollment permissions.	D
6. HCDP Code	R	Specifies the health care delivery program (e.g., Prime, CHCBP) for which eligibility is being requested. DOES defaults to all HCDP Codes for which the user has enrollment permissions.	M, D
7. HCDP Eligibility Inquiry Point-in-Time Calendar Date	R	DOES defaults to the system date and will display eligibility from the past 60 days to 90 days in the future.	D

BUSINESS RULES: B. ENROLLMENT INTO HEALTH BENEFIT PROGRAM

GENERAL BUSINESS RULES	ENFORCED BY**
Length of enrollment is indefinite or less based on eligibility.	D
A person cannot be enrolled in multiple coverage plans during the same time period.	D
Until policies are consolidated across contracts, a family cannot have multiple coverage policies of the same plan type with the same contractor during the same time period.	D
Once policies are consolidated across contracts, a family cannot have multiple coverage policies of the same plan type during the same time period.	D
Enrollment fee payments may be waived. DEERS will allow this information to be communicated through the HCDP Individual Enrollment Fee Waiver Reason Code.	M
MCSC/ USFHP Providers should use the Enrollment Fee Payment Exception Reason Code to indicate the reason an enrollment fee payment is less than expected.	M
A beneficiary can only enroll in a plan for which he/she is eligible, based upon the DEERS response to an Eligibility for Enrollment Inquiry.	M, D
DEERS will validate that the enrollee lives within the enrolling organization's jurisdiction. If the enrollee's ZIP Code is outside jurisdiction (as determined on the Service Area File), DOES will provide a warning message but will allow the enrollment.	M, D
DEERS will validate that the PCM Region Code falls within the enrolling organization's Contract ID.	D
The policy enrollment period begin date is set based on the first person enrolled in the coverage plan and is equal to that person's enrollment begin date.	D
If an enrollment into a plan that require fees must be effective other than on the first of the month, DOES will only enroll the beneficiary through the end of that month. The MCSC/ USFHP Provider should waive fees for this period and set a fee exception reason. It is also the MCSC/ USFHP Provider's responsibility to re-enroll the beneficiary effective the first of the following month in order to provide continuous enrollment and to set the anniversary date.	M, D
Enrollment fees and Other Health Insurance may be added to DEERS at the time of enrollment. Refer to the Online Enrollment Fee Payment and OHI Add business rules for more details.	M, D
Parent and Parent-in-laws are no longer eligible to enroll. However, if they are already enrolled, their enrollments can be modified, but the PCM selection MUST remain within the USFHP network.	D
Foreign military are not eligible to enroll in any TRICARE program.	D

BUSINESS RULES: B.

[illegible]

BUSINESS RULES: B. ENROLLMENT INTO HEALTH BENEFIT PROGRAM (CONTINUED)

[illegible]

BUSINESS RULES: B.

[illegible]

BUSINESS RULES: B. (CONT.) ENROLLMENT INTO HEALTH BENEFIT PROGRAM (CHCBP)

GENERAL BUSINESS RULES	ENFORCED BY**
Foreign m military are not eligible to enroll in any TRICARE program.	D
Person must not be enrolled in any other managed care programs established or operated under the auspices of the DoD.	D
Enrollment in the CHCBP program cannot extend beyond 36 months except in the case of an unremarried former spouse.	M

	PLAN AND DATA TYPE*			
	CHCBP PLANS			
Enrollment required for these plans:				
EVENT AND DATA FLOW	(a) Continued Health Care Benefit Program Individual Coverage	(b) Continued Health Care Benefit Program Family Coverage	BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
37. HCDF Plan Coverage Code	R	R	Valid with DEERS "eligible for" coverage.	D
38. Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	DOES sets this field to the beginning of eligibility for CHCBP coverage.	D
39. Enrollment Management Contractor Enrollment End Calendar Date	R	R	A. Cannot exceed end of eligibility. DOES defaults to a 36 month enrollment period. B. Must be greater than or equal to enrollment begin date. Enrollment period may not be greater than 36 months except for URFs. DEERS enforces that enrollment periods do not overlap.	M, D
				D

BUSINESS RULES: C. DISENROLLMENT

EVENT AND DATA FLOW		DATA TYPE*	GENERAL BUSINESS RULES	ENFORCED By*
Disenrollment			DOES will display all active enrollments in the family for the user to select appropriate beneficiaries to disenroll.	D
			DEERS will set the PCM Selection End Calendar Date based on the EMC Enrollment End Calendar Date.	D
			DEERS will set the PCM Selection End Reason Code based on the EMC Enrollment End Reason Code.	D
			DEERS will revert coverage to the DEERS assigned health coverage plan starting the day following the disenrollment if the beneficiary is still eligible for coverage.	D
			Disenrollments can only be performed on the latest active enrollment.	D
			A disenrollment is done for an individual.	D
			If an Active Duty sponsor loses eligibility, DEERS will disenroll all family members.	D
			DEERS will send disenrollment notifications to all enrollment management and PCM enrolling divisions systems as necessary.	D
			If an Active Duty sponsor dies, DEERS will automatically disenroll all family members from the Active Duty plan and enroll them in a Transitional Survivor plan for three years (or less depending on eligibility) following the date of death. If the family member was enrolled in TPR with no PCM, DEERS will not re-enroll into the Transitional Survivor plan, it is the MIDST's responsibility to do so.	M, D
			If a retired sponsor dies, family members will not be disenrolled from their coverage plan.	D
			When enrollees with a USFHP PCM lose eligibility for TRICARE Prime due to reaching age 65, DEERS will automatically disenroll them from Prime and enroll them in the appropriate TRICARE USFHP Direct Care coverage plan.	D
			Parent and Parent-in-Laws are no longer eligible to enroll.	D
			If a Parent or Parent-in-Law disenrolls from the program, he or she will NOT be eligible to re-enroll at any time.	D

BUSINESS RULES: C. DISENROLLMENT

EVENT AND DATA FLOW		DATA TYPE*	BUSINESS RULES BY PROGRAM	ENFORCED By*
Disenrollment Unsolicited Notification from DEERS			Unsolicited notification sent by DEERS.	
Disenrollment performed for all health care plans in these groups:	TRICARE Prime (including Remote) and TRICARE Plus	a	Refer to Policy Notification.	
	TRICARE USFHP Direct Care	b	Refer to Policy Notification.	
	TRICARE ECHO Program	c	Refer to Policy Notification.	
	CHCBP		d No notification will be sent from DEERS because there is no EDI solution for management of these plans.	
Disenrollment - Voluntary/Involuntary			Disenrollment sent to DEERS by MCSC/ USFHP via DOES.	M
			If a beneficiary is waived from paying enrollment fees, the individual will not be disenrolled for non-payment of fees.	D
			If a beneficiary moves to another region, but does not wish to transfer enrollment, the MCSC/ USFHP Provider in the new region will be permitted to disenroll the beneficiary.	M, D

BUSINESS RULES: C. DISENROLLMENT

EVENT AND DATA FLOW		DATA TYPE*				ENFORCED By**
<i>Disenrollment performed for all health care plans in these health care delivery programs:</i>		TRICARE PRIME (INCLUDING REMOTE) AND TRICARE PLUS	TRICARE USFHP DIRECT CARE	TRICARE ECHO PROGRAM	CHCBP	
		BUSINESS RULES BY PROGRAM				
1.	DEERS ID (Insured)	R	R	R	R	D
2.	HCDP Enrollment Update Code	Update				D
3.	HCDP Type Code	R	R	R	R	D
4.	HCDP Plan Coverage Code	R	R	R	R	D
5.	Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R	R	D
6.	Enrollment Management Contractor Enrollment End Calendar Date	R	R	R	R	D
7.	EMC Enrollment End Reason Code	R	R	R	R	M, D

BUSINESS RULES: D. MODIFICATION OF ENROLLMENT (PCM CHANGE)/PCM PANEL REASSIGNMENT

GENERAL BUSINESS RULES	ENFORCED BY**
Only the current system managing the enrollment can update PCM information.	D
Parents and Parents-in-Law are no longer eligible to enroll. However, if they are already enrolled, their enrollments can be modified but the PCM selection MUST remain within the USFHP network.	D

BUSINESS RULES: D. MODIFICATION ENROLLMENT (PCM CHANGE)/PCM PANEL REASSIGNMENT

[illegible]

BUSINESS RULES: D. MODIFICATION ENROLLMENT (PCM CHANGE)/PCM PANEL REASSIGNMENT (CONTINUED)

[illegible]

BUSINESS RULES: E. MODIFICATION OF ENROLLMENT (PCM CANCELLATION AND TRANSFER CANCELLATION)

GENERAL BUSINESS RULES	ENFORCED BY**
DOES will display all enrollments for the family when a cancellation event falls within the prescribed business rules below. The user must select the appropriate enrollee(s).	D
The user may reinstate the previous PCM or replace the current PCM with a new one. (See PCM Change business rules for the latter option.) If there is only one PCM for the enrollment, thus no PCM to reinstate, a PCM cancellation will not be allowed, the user must cancel the enrollment.	D
The instance of the PCM selection being cancelled will be removed and will not be displayed by DEERS in subsequent transactions.	D
DEERS will send policy change notifications to all systems participating in the management of the enrollment.	D
Only the current MCSC/ USFHP managing the enrollment can update PCM information; only the MCSC/ USFHP that performed the transfer may cancel it.	D
The PCM or transfer effective date cannot be more than 60 days in the past.	D

BUSINESS RULES: E. MODIFICATION OF ENROLLMENT (PCM CANCELLATION AND TRANSFER CANCELLATION)

[illegible]

BUSINESS RULES: E. MODIFICATION OF ENROLLMENT (PCM CANCELLATION AND TRANSFER CANCELLATION) (CONTINUED)

[illegible]

BUSINESS RULES: F. MODIFICATION OF ENROLLMENT (TRANSFER)

GENERAL BUSINESS RULES	ENFORCED BY**
Does will list all family members enrolled in different MCSC/ USFHP Provider contracts for the user to select.	D
A transfer of enrollment is done for each family member being transferred.	M
When an enrollee relocates to another contractor's region, the transfer is done by the gaining contractor.	M, D
DEERS will validate that the enrollee lives within the enrolling organization's jurisdiction. If the enrollee's ZIP Code is outside jurisdiction (as determined on the Service Area File), DOES will provide a warning message but will allow the transfer.	M, D
If there are current and future enrollments for the person being transferred, the future segment must first be cancelled by the MCSC/ USFHP Provider managing that future enrollment.	D
DEERS will set the EMC Enrollment End Calendar Date and the PCM Selection End Calendar Date for the losing organization, and the EMC Enrollment Begin Calendar Date and PCM Selection Begin Calendar Date for the gaining organization based on the transfer effective date.	D
DEERS will check that enrollment fees for the previous policy, if applicable, have been paid to date. If fees are not current, DOES will provide the user with a warning, but will allow the transfer.	D
Enrollment fees and Other Health Insurance may be added to DEERS at the time of transfer. Refer to the Online Enrollment Fee Payment and OHI Add business rules for more details.	M, D
DEERS will send policy change notifications to all systems participating in the management of the enrollment.	D
Parents and Parents-in-Law are no longer eligible to enroll. However, if they are already enrolled, their enrollments can be modified but the PCM selection MUST remain within the USFHP network.	D

BUSINESS RULES: F. MODIFICATION OF ENROLLMENT (TRANSFER)

ENROLLMENT TRANSFER		PLAN AND DATA TYPE*		ENFORCED BY**	
Transfer of Enrollment allowed for these plans:					
		TRICARE PRIME PLANS (v) TRICARE USFHP Direct Care Family Coverage for Survivors of Active Duty Sponsors (u) TRICARE USFHP Direct Care Individual Coverage for Survivors of Active Duty Sponsors (t) TRICARE USFHP Direct Care Coverage for Transitional Survivors of Active Duty Sponsors (s) TRICARE USFHP Direct Care Coverage for Active Duty Family Members (r) Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors (q) Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors (p) Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors (o) Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors (n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members (m) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members (l) TRICARE Prime Family Coverage for Retired Sponsors and Family Members (k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members (j) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors (i) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors (h) TRICARE Prime Family Coverage for Transitional Survivors of Active Duty Deceased Sponsors (g) TRICARE Prime Individual Coverage for Transitional Survivors of Active Duty Deceased Sponsors (f) TRICARE Prime Family Coverage for Active Duty Family Members (e) TRICARE Prime Individual Coverage for Active Duty Family Members (d) TRICARE Prime Family Coverage for Active Duty Sponsors (c) TRICARE Remote Family Coverage for Active Duty Family Members (b) TRICARE Remote Individual Coverage for Active Duty Family Members (a) TRICARE Remote for Active Duty Service Members			
EVENT AND DATA FLOW		BUSINESS RULES BY COVERAGE PLAN			
1. DEERS ID (Insured)	R	R	R	R	D
2. HCDP Type Code	R	R	R	R	D
3. PCM Selection Update Code					D
4. HCDP Plan Coverage Code	R	R	R	R	D
5. Enrollment Management Contractor Enrollment Begin Calendar Date					M, D
6. Enrollment Management Contractor Enrollment End Calendar Date	R	R	R	R	D
7. HCDP Individual Enrollment Fee Waiver Reason Code	N/A	N/A	N/A	N/A	M
8. Enrollment Management Contractor Health Care Delivery Program Enrollment Application Received Calendar Date	O	O	O	O	M

BUSINESS RULES: F. MODIFICATION OF ENROLLMENT (TRANSFER) (CONTINUED)

ENROLLMENT TRANSFER		PLAN AND DATA TYPE*																												ENFORCED BY**				
Transfer of Enrollment allowed for these plans:		TRICARE PRIME PLANS																													TRICARE USFHP PLANS			
EVENT AND DATA FLOW		O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	BUSINESS RULES BY COVERAGE PLAN						
9. TRICARE Service Center Health Care Delivery Program Enrollment Application Received Calendar Date		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Required to perform jurisdiction, if ZIP is invalid for enrollment (jurisdiction or program), DOES will provide a warning and allow the enrollment. DOES defaults to the residential address ZIP Code (or mailing address ZIP Code if there is no residential address on DEERS), but user may change it.	M, D		
10. Enrollment Management Contractor Enrollment Residence Mailing Address US Postal Region ZIP Code		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	A. Required for TRICARE Remote only, if ZIP is invalid for enrollment (jurisdiction or program), DOES will provide a warning and allow the enrollment. DOES defaults to the residential address ZIP Code (or mailing address ZIP Code if there is no residential address on DEERS), but user may change it. B. If the sponsor and family member's residential ZIP codes are not equal, DOES will prompt the user to disenroll the family member.	M, D		
11. Enrollment Management Contractor Enrollment Work Mailing Address US Postal Region ZIP Code		R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A. Required for TRICARE Remote only, if ZIP is invalid for enrollment (jurisdiction or program), DOES will provide a warning and allow the enrollment. B. If the sponsor's residential ZIP Code is modified to be different than the family members' that are enrolled in TPR, ADFM in another contract, DEERS will automatically disenroll the family members and send appropriate notifications.	M, D		
12. Sponsor Enrollment Management Contractor Enrollment Residence Mailing Address US Postal Region ZIP Code		R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A. Required for TRICARE Remote only, if ZIP is invalid for enrollment (jurisdiction or program), DOES will provide a warning and allow the enrollment. B. If the sponsor's residential ZIP Code is modified to be different than the family members' that are enrolled in TPR, ADFM in another contract, DEERS will automatically disenroll the family members and send appropriate notifications.	M, D		
13. Health Care Delivery Program Enrollment Card Request Status Code		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Indicates whether or not an ID card should be generated. Default is to generate card upon transfer.	M, D		
14. Health Care Delivery Program Enrollment Card Request Calendar Date		S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	Default to current date; change only when Enrollment Card is Requested.	D		
15. PCM Region Code		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	The PCM Region Code must fall under the Contract ID managing the enrollment transfer. If there is only one, DOES will default.	M, D		
16. PCM Network Provider Type Code		None CV UP	None CV	None CV	DC RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	Value must be appropriate for the coverage plan. DOES will default, but the user may change if there is more than one option.	M, D			
17. PCM Enrolling Division DMIS Identifier		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	A. For DC, UP, and RS network enrollments, the user will select the DMIS ID/DMIS Name in DOES. DOES will only display DMIS that fall within the PCM Region Code. B. For CV network enrollments, DOES will default based on the PCM Region Code and coverage plan.	M, D		
18. PCM Identifier					R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria	M, D		
19. PCM Identifier Type Code		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria	M, D		
20. PCM License Identifier		R	R	R	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	Default criteria for DC, RS, and UP PCMs.	M	
21. PCM Name		O	O	O	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	PCM search criteria	M, D		
22. PCM Group Identifier		R	R	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	PCM search criteria; only applicable to DC/RS PCMs	M, D		
23. PCM Group Name		N/A	N/A	N/A	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	PCM search criteria	M, D		
24. PCM Place of Care Identifier		O	O	O	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	PCM search criteria; only applicable to DC/RS PCMs	M, D		
25. PCM Place of Care Name		N/A	N/A	N/A	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	PCM search criteria; only applicable to DC/RS PCMs	M, D		
26. PCM Telephone Number Code		N/A	N/A	N/A	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	Value of "Transfer".	M	
27. PCM Mailing Address City Name		O	O	O	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	Civilian PCM search criteria	M, D		
28. PCM Mailing Address US Postal Region State Code		S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	Civilian PCM search criteria	M, D		
29. PCM Mailing Address US Postal Region ZIP Code		S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	Civilian PCM search criteria	M, D		
30. PCM Mailing Address Country Code		S	S	S	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	Default criteria for DC, RS, and UP PCMs. Only if the beneficiary does not indicate any PCM preference, DOES will default a DC-PCM based on the sponsor's UIC.	M, D	
31. PCM Specialty Code		O	O	O	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	Civilian PCM search criteria	M, D		
32. PCM Sex Code		S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	Civilian PCM search criteria	M, D	
33. PCM Location Begin Calendar Date		S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	Upon PCM selection, DOES will validate that this date is on or prior to the EMC Enrollment Begin Calendar Date. If not, DOES will display an error and the user must select another PCM.	M, D	
34. PCM Location End Calendar Date		S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	A. This date must be on or after the EMC Enrollment Begin Calendar Date. If this date is before the EMC Enrollment End Calendar Date, DOES will provide a warning, but will not prevent PCM assignment. B. DOES will only validate this upon PCM selection, NOT when changes are made to the PCM begin or end date.	M, D	
35. Prior PCM Selection End Reason Code		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Value of "Transfer".	D	
36. PCM Default Assignment UIC		N/A	N/A	N/A	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	Default criteria for DC, RS, and UP PCMs. Only if the beneficiary does not indicate any PCM preference, DOES will default a DC-PCM based on the sponsor's UIC.	D	
37. PCM Assigned Enrollee Quantity		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	DOES will ensure that the selected PCM has available capacity.	D	

BUSINESS RULES: G. CHANGE ENROLLMENT PERIOD

EVENT AND DATA FLOW	DATA TYPE*	GENERAL BUSINESS RULES	ENFORCED By**
		DOES will display all family members that may have the enrollment period changed based on the business rules below.	D
		An enrollment cannot extend past eligibility.	D
		DEERS will send enrollment change notifications to all systems participating in the management of the enrollment.	D
		DEERS will ensure enrollment periods do not overlap.	D
		DEERS will only allow modification of a begin date to the latest current or future enrollment if it began within the past 60 days. DEERS will allow modification to the last terminated enrollment's end date if the current end date is within the past 60 days and there is no later enrollment.	D
		Only the entity that managed the enrollment may change the enrollment end date and the change must be made within 60 days of the disenrollment date. The end date can be changed to an earlier date that does not fall into an earlier PCM segment with a different DMIS ID than the last PCM*** and is not more than 60 days in the past of the current date. The end date may be changed to a later date within eligibility that does not overlap a later enrollment and is not more than 90 days in the future of the current date.	D
		If there has been a change of coverage plan within the HCDP (e.g., change from Prime to Plus) and the begin date of the later enrollment is modified, the end date of the previous enrollment will be modified accordingly to provide continuous enrollment.	D
		Only the entity that created the enrollment may change the enrollment begin date. The begin date can be changed to an earlier date that does not overlap another enrollment and is not more than 60 days from the current date. The begin date can be changed to a later date that is not more than 90 days in the future of the current begin date and does not fall into a later PCM segment with a different DMIS ID than the first PCM***.	D
		DEERS will notify all systems participating in the management of the enrollment as necessary.	D
		DOES will update the policy enrollment period for a family based on the new enrollment dates. DOES will honor differences in an individual's enrollment begin date. Family members may have different enrollment end dates based on length of eligibility.	D

*** Restriction based on the type of updates Legacy DEERS can accept. May be re-evaluated when Legacy DEERS is no longer used for claims inquiries.

BUSINESS RULES: G. CHANGE ENROLLMENT PERIOD

EVENT AND DATA FLOW		DATA TYPE*				ENFORCED BY**	
Enrollment Period Change for an Individual							
Change of enrollment period allowed for all health care plans in these health care delivery programs:		(INCLUDING REMOTE)	TRICARE PRIME	DIRECT CARE			TRICARE USFHP
					BUSINESS RULES BY COVERAGE PLAN		
1.	DEERS ID (Insured)	R	R	R	Handled by DOES.	M, D	
2.	HCDP Enrollment Update Code	Update			Handled by DOES.	M, D	
3.	HCDP Type Code	R	R	R	M=Health Care; handled by DOES.	M, D	
4.	HCDP Plan Coverage Code	R	R	R	The latest current or future coverage plan for begin date modifications; the latest coverage plan (must be terminated) for end date modifications.	M, D	
5.	Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R	A. The EMC Enrollment Begin Calendar Date can be changed only if it is currently not more than 60 days in the past or 90 days in the future. B. The new EMC Enrollment Begin Calendar Date must be within eligibility and must be within 60 days prior to or 90 days in the future of the current EMC Enrollment Begin Calendar Date. The new begin date may not be changed if there is a later PCM with a different DMIS ID than the first***.	M, D	
					A. If the new EMC Policy Enrollment Period Begin Calendar Date precedes the original EMC Enrollment Begin Calendar Date, the EMC Policy Enrollment Period Begin Calendar Date will be modified to this date. B. The EMC Policy Enrollment Period End Calendar Date will also be modified accordingly to a 12-month (or less depending on eligibility) period, if applicable. C. DOES will set the initial PCM Selection Begin Calendar Date equal to this date.	D	
6.	Enrollment Management Contractor Enrollment End Calendar Date	R	R	R	A. For enrollments terminated by an enrolling organization, this date must not be more than 60 days in the past. The new EMC Enrollment End Calendar Date must not be more than 60 days in the past, or more than 30 days in the future of the current EMC Enrollment End Calendar Date and cannot exceed eligibility. B. For enrollments terminated by DEERS, this date may only be changed to a later date if the enrollee's eligibility has been extended. C. The end date can be changed to an earlier date that does not fall into an earlier PCM segment with a different DMIS ID than the last PCM*** and is not more than 60 days in the past of the current date. The end date may be changed to a later date within eligibility that does not overlap a later enrollment and is not more than 90 days in the future of the current date. A. DOES will set the last PCM Selection End Calendar Date equal to this date. B. If this is the last active enrollment in the policy, the EMC Policy Enrollment Period End Calendar Date will reflect this date.	M, D	
						D	

*** Restriction based on the type of updates Legacy DEERS can accept. May be re-evaluated when Legacy DEERS is no longer used for claims inquiries.

BUSINESS RULES: H. CHANGE ENROLLMENT END REASON CODE

EVENT AND DATA FLOW	DATA TYPE*	GENERAL BUSINESS RULES	ENFORCED BY**
		DOES will display all family members that may have their enrollment end reason code changed based on the business rules below.	D
		The system identifier must be the system who managed the enrollment.	D
		The Enrollment End Reason Code may only be changed within the 60 days following the disenrollment date and only if it is the latest enrollment.	D
		Enrollment End Reason Codes set by DEERS cannot be changed.	D

BUSINESS RULES: H. CHANGE ENROLLMENT END REASON CODE

EVENT AND DATA FLOW	DATA TYPE*		ENFORCED BY**
Enrollment End Reason Code Change			
<i>Change of enrollment end reason allowed for plans in these health care delivery programs:</i>	TRICARE PRIME TRICARE DIRECT CARE TRICARE USFHP TRICARE PLUS	BUSINESS RULES BY COVERAGE PLAN	
1. DEERS ID (Insured)	R R R	Handled by DOES.	D
2. HCDP Enrollment Update Code	Update	Handled by DOES.	D
3. HCDP Type Code	R R R	M=Health Care; handled by DOES.	D
4. HCDP Plan Coverage Code	R R R	The latest coverage plan.	D
5. Enrollment Management Contractor Enrollment Begin Calendar Date	R R R	Enrollment period being changed.	M, D
6. Enrollment Management Contractor Enrollment End Calendar Date	R R R	Enrollment period being changed. May not be more than 60 days in the past.	M, D D
7. EMC Enrollment End Reason Code	R R R	Must be appropriate for coverage plan (i.e., "Failure to Pay Fees" reason code can only be used for coverage plans to which enrollment fees apply). DEERS will not allow a disenrollment for "Failure to Pay Fees", if the enrollment plan fees are current for the policy.	M, D

BUSINESS RULES: I. ENROLLMENT/DISENROLLMENT CANCELLATION

EVENT AND DATA FLOW	DATA TYPE*	GENERAL BUSINESS RULES	ENFORCED BY**
		DOES will display all family members who may have an enrollment/disenrollment cancelled based on the business rules below.	D
		The instance of the enrollment or disenrollment (including PCM information) will be removed and will not be displayed by DEERS in subsequent transactions.	D
		Any fee payment adjustments should be made prior to cancelling the last enrollment in a policy. Once all enrollments have been cancelled, fee information will be inaccessible.	D
		For disenrollment cancellations, DEERS will reinstate the enrollment, including fee information, as it existed prior to the disenrollment.	D
		DEERS will adjust policy dates for the family as necessary.	D
		DEERS will send policy change notifications to all systems participating in the management of the enrollment.	D
		For enrollment and disenrollment cancellations, the system identifier must be the current MCSC/DP managing this enrollment. If there has been a transfer of enrollment, the gaining contractor may only cancel the transfer, not the enrollment.	D
		When an enrollment is cancelled, DOES will reinstate the previous enrollment if it ended due to a change in coverage plans within the same HCDP (e.g., changed enrollment from Prime to Plus).	D
		An enrollment cannot be cancelled if there is more than one PCM segment with a different DMIS ID than the first PCM segment***.	D

*** Restriction based on the type of updates Legacy DEERS can accept. May be re-evaluated when Legacy DEERS is no longer used for claims inquiries.

BUSINESS RULES: I. ENROLLMENT/DISENROLLMENT CANCELLATION

EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
Enrollment/Disenrollment Cancellation			
<i>Cancel enrollment/disenrollment allowed for plans in these health care delivery programs:</i>	<div>CHCBP</div> <div>TRICARE ECHO PROGRAM</div> <div>TRICARE USFHP</div> <div>DIRECT CARE</div> <div>TRICARE PRIME (Including Remote) And TRICARE Plus</div>		
1. DEERS ID (Insured)	R	Handled by DOES.	D
2. HCDP Enrollment Update Code	Cancel	This is the cancellation of a current or future HCDP; handled by DOES.	D
3. HCDP Type Code	R	M=Health Care; handled by DOES.	D
4. HCDP Plan Coverage Code	R	Current or future coverage plan for Enrollment Cancellation (if there is a future coverage plan, this plan must be cancelled before the current plan may be cancelled); previous coverage plan for Disenrollment Cancellation.	D

BUSINESS RULES: I. ENROLLMENT/DISENROLLMENT CANCELLATION (CONTINUED)

EVENT AND DATA FLOW		DATA TYPE*					ENFORCED By**
Enrollment/Disenrollment Cancellation							
Cancel enrollment/disenrollment allowed for plans in these health care delivery programs:		TRICARE PRIME (INCLUDING REMOTE) AND TRICARE PLUS	DIRECT CARE	TRICARE USFHP	TRICARE ECHO PROGRAM	CHCBP	
BUSINESS RULES BY COVERAGE PLAN							
5.	Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R	R	A. The begin date of the enrollment/disenrollment selected for cancellation. B. For an enrollment cancellation, this date must be no longer than 60 days in the past or 90 days in the future.	M, D
6.	Enrollment Management Contractor Enrollment End Calendar Date	R	R	R	R	A. The end date of the enrollment/disenrollment selected for cancellation. B. For a disenrollment cancellation, this date must be no longer than 60 days in the past or 30 days in the future.	M, D
7.	EMC Enrollment End Reason Code	R	R	R	R	"Invalid Entry"	M, D

BUSINESS RULES: J. ONLINE ENROLLMENT FEE PAYMENT

GENERAL BUSINESS RULES	ENFORCED BY*
This transaction is used for making enrollment fee payments and adjustments, and for disenrollment requests for failure to pay fees.	M, D
DEERS will accumulate individual enrollment fee payments for each policy enrollment period at the policy level.	D
Partial or non-payment of enrollment fees will be accepted by DEERS and should be communicated through the HCDP Enrollment Fee Payment Exception Reason Code.	M
Fee payments may be made for the last two policies that are previous, current or future.	M, D
The system identifier is obtained by DEERS from the message header and is used to track the system that sent the enrollment fee payment notification.	D
DEERS only accepts fee payments (or adjustments) and disenrollment requests for policies that require fees.	D
DEERS will not allow a disenrollment for "Failure to Pay Fees" if enrollment fees are current for the policy or if the person is waived from paying fees.	D
It is yet to be determined which edits will result in a warning vs. a rejection of the fee update. MCSCs/USFHP providers must correct and resubmit to DEERS any fee transaction that has resulted in a warning or rejection.	M, D

BUSINESS RULES: J. ONLINE ENROLLMENT FEE PAYMENT

ONLINE ENROLLMENT FEE PAYMENT <i>Enrollment fees required for these plans:</i>	PLAN AND DATA TYPE*												ENFORCED By**	
	TRICARE PRIME PLANS						TRICARE USFHP DIRECT CARE PLANS							
	(a) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors	(b) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors	(c) TRICARE Prime Individual Coverage for Retired Sponsors	(d) TRICARE Prime Family Coverage for Retired Sponsors	(e) TRICARE Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(f) TRICARE Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(g) TRICARE USFHP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(h) TRICARE USFHP Direct Care Individual Coverage for Retired Sponsors and Family Members	(i) TRICARE USFHP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(j) TRICARE USFHP Direct Care Individual Coverage for Retired Sponsors and Family Members	(k) TRICARE USFHP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(l) TRICARE USFHP Direct Care Individual Coverage for Retired Sponsors and Family Members		
EVENT AND DATA FLOW	BUSINESS RULES BY COVERAGE PLAN													
Subscriber Information:														
1. DEERS ID	R	R	R	R	R	R	R	R	R	R	R	R	Must identify a sponsor on DEERS.	M, D
Fee Information:														
2. Health Care Delivery Program Plan Coverage Code	R	R	R	R	R	R	R	R	R	R	R	R	Must identify a previous, current or future policy.	M, D
3. Health Care Delivery Program Policy Enrollment Period Begin Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	The begin date of the policy to which the fees or adjustment apply; must identify a policy on DEERS.	M, D
													If the Health Care Delivery Program Enrollment Fee Payment Plan Type Code is "Request for EFT Allotment" and there are less than 3 months in the Policy Enrollment Period, DEERS will create the new Policy Enrollment Period and apply the fee coverage.	D
4. Health Care Delivery Program Enrollment Fee Payment Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R		M
5. Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	This date must be within the policy enrollment period of the policy identified in #2 unless the HCDFP Enrollment Fee Payment Plan Type Code is "Request to begin EFT/allotment" and there are less than 90 days in the policy enrollment period (in this case DEERS will apply the coverage to the next period).	M, D
6. Health Care Delivery Program Enrollment Fee Payment Plan Type Code	R	R	R	R	R	R	R	R	R	R	R	R	Cannot be "monthly" if this is the initial fee payment or if there is not a previous HCDFP Enrollment Fee Payment Plan Type Code of "request to begin EFT/allotment".	M, D
7. Health Care Delivery Program Enrollment Fee Payment Type Code	R	R	R	R	R	R	R	R	R	R	R	R	Cannot be "EFT" or "Allotment" unless there is a previous quarterly payment with HCDFP Enrollment Fee Payment Plan Type Code of "request to begin EFT/allotment".	M, D
8. Health Care Delivery Program Enrollment Year Fee Payment Amount	R	R	R	R	R	R	R	R	R	R	R	R	This should be a dollar amount (with decimal and dollar sign). Can be negative. If the amount posted results in the cumulative fee payment being above or below the expected limit and there are no fee exception reason, DEERS issues a warning/error.	M, D
9. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code	S	S	S	S	S	S	S	S	S	S	S	S	Required if partial payment or non-payment of fees. This field must be reset each time a fee payment is made if it is still applicable.	M
10. Health Care Delivery Program Enrollment Fee Action Code	R	R	R	R	R	R	R	R	R	R	R	R	Specifies the type of action: payment or adjustment.	M, D
11. HCDFP Fee Payment Type Code	R	R	R	R	R	R	R	R	R	R	R	R		M, D
12. Account Type Code	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDFP Enrollment Fee Payment Type Code is "EFT".	M, D
13. Account Person First Name	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDFP Enrollment Fee Payment Type Code is "EFT".	M, D
14. Account Person Middle Name	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDFP Enrollment Fee Payment Type Code is "EFT".	M, D
15. Account Person Last Name	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDFP Enrollment Fee Payment Type Code is "EFT".	M, D
16. Financial Institution Name	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDFP Enrollment Fee Payment Type Code is "EFT".	M, D
17. Financial Institution Line Number Identifier	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDFP Enrollment Fee Payment Type Code is "EFT".	M, D
18. Financial Institution Mailing Address Line 1 Text	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDFP Enrollment Fee Payment Type Code is "EFT".	M, D
19. Financial Institution Mailing Address Line 2 Text	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDFP Enrollment Fee Payment Type Code is "EFT".	M, D

BUSINESS RULES: J. ONLINE ENROLLMENT FEE PAYMENT (CONTINUED)

ONLINE ENROLLMENT FEE PAYMENT		PLAN AND DATA TYPE*														ENFORCED By**
Enrollment fees required for these plans:		TRICARE PRIME PLANS						TRICARE USFHP DIRECT CARE PLANS								
EVENT AND DATA FLOW		(a) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors	(b) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors and Family Members	(c) TRICARE Prime Individual Coverage for Retired Sponsors	(d) TRICARE Prime Family Coverage for Retired Sponsors	(e) TRICARE Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(f) TRICARE Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(g) TRICARE USFHP Direct Care Individual Coverage for Active Duty Sponsors	(h) TRICARE USFHP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(i) TRICARE USFHP Direct Care Family Coverage for Retired Sponsors	(j) TRICARE USFHP Direct Care Individual Coverage for Retired Sponsors and Family Members	(k) TRICARE USFHP Direct Care Family Coverage for Retired Sponsors	(l) TRICARE USFHP Direct Care Individual Coverage for Retired Sponsors			
		BUSINESS RULES BY COVERAGE PLAN														
20.	Financial Institution Mailing Address City Name	S	S	S	S	S	S	S	S	S	S	S	S	Available for HC/DLP Enrollment Fee Payment Type Code is "EFT".	M, D	
21.	Financial Institution Mailing Address US Postal Region State Code	S	S	S	S	S	S	S	S	S	S	S	S	Available for HC/DLP Enrollment Fee Payment Type Code is "EFT".	M, D	
22.	Financial Institution Mailing Address US Postal Region ZIP Code	S	S	S	S	S	S	S	S	S	S	S	S	Available for HC/DLP Enrollment Fee Payment Type Code is "EFT".	M, D	
23.	Financial Institution Mailing Address US Postal Region ZIP Extension Code	S	S	S	S	S	S	S	S	S	S	S	S	Available for HC/DLP Enrollment Fee Payment Type Code is "EFT".	M, D	
24.	Financial Institution Mailing Address Country Code	S	S	S	S	S	S	S	S	S	S	S	S	Available for HC/DLP Enrollment Fee Payment Type Code is "EFT".	M, D	
25.	Financial Institution Telephone Number	S	S	S	S	S	S	S	S	S	S	S	S	Available for HC/DLP Enrollment Fee Payment Type Code is "EFT".	M, D	
26.	Bank Routing Transit Number Identifier	S	S	S	S	S	S	S	S	S	S	S	S	Available for HC/DLP Enrollment Fee Payment Type Code is "EFT".	M, D	
27.	Bank Account Number Identifier	S	S	S	S	S	S	S	S	S	S	S	S	Available for HC/DLP Enrollment Fee Payment Type Code is "EFT".	M, D	

BUSINESS RULES: K. ENROLLMENT FEE WAIVER UPDATE FOR AN INDIVIDUAL

GENERAL BUSINESS RULES	ENFORCED BY**
There are no dates associated with the waiver; it can be set or removed as necessary and no history is kept on the setting of this field.	D

BUSINESS RULES: K. ENROLLMENT FEE WAIVER UPDATE FOR AN INDIVIDUAL

ENROLLMENT FEE WAIVER UPDATE FOR AN INDIVIDUAL		PLAN AND DATA TYPE*												ENFORCED By**	
Enrollment fees required for these plans:		TRICARE PRIME PLANS						TRICARE ^{USHP} DIRECT CARE PLANS							
EVENT AND DATA FLOW		(a) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors	(b) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors	(c) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	(d) TRICARE Prime Family Coverage for Retired Sponsors and Family Members	(e) Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(f) Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(g) TRICARE DP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(h) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members	(i) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members	(j) TRICARE DP Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(k) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(l) TRICARE DP Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors		
1. DEERS ID (Insured)		R	R	R	R	R	R	R	R	R	R	R	R	BUSINESS RULES BY COVERAGE PLAN The beneficiary who is exempt from paying enrollment fees; handled by DOES. Handled by DOES. M=Health Care; handled by DOES. The latest current or future coverage plan. A. The enrollment period for which the enrollment fee waiver is effective. B. Enrollment must exist in DEERS. A. The enrollment period for which the enrollment fee waiver is effective. B. Enrollment must exist in DEERS. The reason for which a beneficiary is waived from paying enrollment fees should be sent to DEERS.	M, D
2. HCDF Enrollment Update Code							Update								D
3. HCDF Type Code		R	R	R	R	R	R	R	R	R	R	R	R		M, D
4. HCDF Plan Coverage Code		R	R	R	R	R	R	R	R	R	R	R	R		M, D
5. Enrollment Management Contractor Enrollment Begin Calendar Date		R	R	R	R	R	R	R	R	R	R	R	R		M, D
6. Enrollment Management Contractor Enrollment End Calendar Date		R	R	R	R	R	R	R	R	R	R	R	R		M, D
7. HCDF Individual Enrollment Fee Waiver Reason Code		R	R	R	R	R	R	R	R	R	R	R	R		M

BUSINESS RULES: L. BENEFICIARY UPDATE

	EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
			When an enrollee's address is updated in DOES, a policy notification will be sent to the MCSC managing the enrollment, and a PIT will be sent to the appropriate CHCS host site (if any).	D
			The Mailing Address Maintenance Source Code will indicate whether the address was last updated by an MCSC, a USFHP Provider , CHCS, or a military personnel update.	D
			For OCONUS addresses, ZIP Codes should be entered on Address Line 2 in DOES.	M
	Person Information			
1.	DEERS ID	R	Handled by DOES.	D
2.	E-mail Address Update Code	S	Handled by DOES.	D
3.	E-mail Address Use Priority Code	S	Residence e-mail address.	D
4.	E-mail Address Text	O		M
5.	Mailing Address Update Code	R	Required if address is being updated.	D
6.	Mailing Address Type Code	S	A. Must be included if updating the address information; indicates if mailing or residential address is being updated. B. Address is a complete unit. All required elements must be included for a successful update. C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M, D
7.	Mailing Address Effective Calendar Date	S	A. Must be included if updating the address information. B. Address is a complete unit. All required elements must be included for a successful update. C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M, D
8.	Mailing Address Quality Code	R	This field will be populated by DEERS after Code-1 is run and returned on the policy notification.	D
9.	Mailing Address Maintenance Source Code	R	Indicates the source of a mailing address update. If update is made in DOES by an MCSC/ USFHP Provider , the value should be "MCSC". If update is made in DOES by the Dental Contractor, the value should be "Dental". This will trigger a policy notification and if necessary, a PIT notification.	D
10.	Mailing Address Line 1 Text	S	A. Must be included if updating the address information. B. Address is a complete unit. All required elements must be included for a successful update. C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M, D
11.	Mailing Address Line 2 Text	O	A. Depends on length of address. B. Address is a complete unit. All required elements must be included for a successful update. C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M, D
12.	Mailing Address City Name	R	Address is a complete unit. All required elements must be included for a successful update.	M, D
13.	Mailing Address US Postal Region State Code	S	A. Required if address is in the U.S. and Puerto Rico. B. Address is a complete unit. All required elements must be included for a successful update. C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M, D
14.	Mailing Address US Postal Region ZIP Code	S	A. Required if address is in the U.S. and Puerto Rico. B. Address is a complete unit. All required elements must be included for a successful update. C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M, D
15.	Mailing Address US Postal Region ZIP Extension Code	O	Recommended if known and address is in the U.S. and Puerto Rico. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M D
16.	Mailing Address Country Code	S	Address is a complete unit. All required elements must be included for a successful update. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	M, D D
17.	Telephone Number Update Code	S	Handled by DOES.	D
18.	Home Telephone Number Code	S	At least one telephone number must be populated if the Telephone Number Update Code indicates an update.	M, D
19.	Work Telephone Number Code	S	At least one telephone number must be populated if the Telephone Number Update Code indicates an update.	M, D
20.	Fax Telephone Number Code	S	At least one telephone number must be populated if the Telephone Number Update Code indicates an update.	M, D